

# The Pharmaceutical Drug Racket

**Pharmaceutical  
companies  
depend on your  
ill-health,  
to maintain their  
huge profits!**

*Part One*

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## The Rocketing Cost of Health Care

**M**edical 'ignorance' is costing us billions', reads a heading in *The Daily Telegraph Mirror* of 24 February, 1991, over an article as follows:

"Poor funding and a lack of knowledge about preventive medicine has led to a \$2 billion blow-out in public health spending, experts say.

These costs rose nationally from \$26 billion to \$28 billion [in one year] - an average of \$1700 per person - according to figures to be released by the Australian Institute of Health."

Writing in an article in *The Sunday Telegraph* on October 27, 1991, the Federal Minister for Community Services and Health, Brian Howe, expresses his concern:

"Health care costs a huge amount of money: \$1796 for every man, woman and child..."

The trouble is that if Medicare becomes too costly, this country can't afford to keep footing the bill: which means that individual Australians will have to foot the bill instead or go without the necessary health care.

Medicare is getting increasingly expensive. Total government expenditure on Medicare benefits rose by 70 per cent between 1984-85 and 1989-90, and by another 11.2 per cent in 1990-91.

Before the changes in the Budget were announced, Medicare benefits were expected to rise by another 28 per cent in real terms over the three years to 1994-95: that's approximately \$1.3 billion..."

The rocketing cost of health care in Australia is not unique to this country, but is typical of all industrial nations. In his book *Limits to Medicine* (1979), prominent medical historian, Ivan Illich, writes:

"During the past twenty years, while the price index in the United States has risen by about 74 per cent, the cost of medical care has escalated by 330 per cent. Between 1950 and 1971 public expenditure for health insurance increased tenfold, private insurance benefits increased eightfold,<sup>2a</sup> and direct out-of-pocket payments about threefold.<sup>2b</sup> In overall expenditures other countries such as France<sup>2c</sup> and Germany<sup>2d</sup> kept abreast of the United States. In all industrial nations - Atlantic, Scandinavian, or East European - the growth rate of the health sector has advanced faster than that of the GNP [gross national product].<sup>2e</sup> Even discounting inflation, federal health outlays increased by more than 40 per cent between 1969 and 1974<sup>2f</sup>."

## Are We Consuming Too Many Drugs?

As was reported in *The Bulletin*, 24 March, 1992, one of the fastest-growing components of Australia's costly health bill is the pharmaceutical drug trade, which accounts for \$2 billion a year for prescription drugs. *The Bulletin* article reveals that "Australians are on a drug binge, consuming twice as many antibiotics per capi-



ta as Sweden and far more than the US and Britain".<sup>3</sup> The situation in the United States and Britain sixteen years ago was bad enough for Illich to write:

"In the United States, the volume of the drug business has grown by a factor of 100 during the current century:<sup>4a</sup> 20,000 tons of aspirin are consumed per year, almost 225 tablets per person.<sup>4b</sup> In England, every tenth night of sleep is induced by a hypnotic drug and 19 per cent of women and 9 per cent of men take a prescribed tranquillizer during any one year.<sup>4c</sup> In the United States, central-nervous-system agents are the fastest-growing sector of the pharmaceutical market, now making up 31 per cent of total sales.<sup>4d</sup> Dependence on prescribed tranquillizers has risen by 290 per cent since 1962, a period during which the per capita consumption of liquor rose by only 23 per cent and the estimated consumption of illegal opiates by about 50 per cent."<sup>4e</sup>

At the time of Illich writing this (1976), it is estimated that 50 to 80 per cent of adults in the United States and the United Kingdom were consuming a medically prescribed chemical every 24 to 36 hours.<sup>5</sup> In his book *Confessions of a Medical Heretic* (1980), famed medical writer and paediatrician, Dr Robert Mendelsohn, accused doctors of having "seeded the entire population with these powerful drugs". Mendelsohn further states that "Every year, from 8 to 10 million Americans go to the doctor when they have a cold. About ninety-five per cent of them come away with a prescription - half of which are for antibiotics."<sup>6</sup>

A recent report by the National Health Strategy (1992) has pointed out that 160 million prescriptions are being dispensed from Australian pharmacies every year, and an estimated further 20 million from hospital pharmacies.<sup>7</sup> This figure represents a 640 per cent increase since 1949, during which time 280,719 prescriptions were dispensed.<sup>8</sup>

As reported in *Clinical Pharmacology and Therapeutics* (1976), a study in a large country town in Australia has revealed that people who reported no illness took as many drugs as those who reported a chronic and acute illness. The authors noted that "the rate of increase in drug usage at around 25 per cent per year can only be explained by increased drug usage of both prescription and OTC [over-the-counter] drugs by the majority of the population".<sup>9</sup> At the time of the report Australians were consuming half the number of prescription drugs compared to today.<sup>10</sup>

Recent figures of how many OTC or non-prescription drugs consumed by Australians are difficult to obtain. Industry sources are reluctant to divulge this information. However, a study by the Health Commission of NSW in 1979 that stated that "at present Australia has one of the leading rates of per capita consumption of analgesics in the world", quoted 1973 figures for sales of OTC medications at \$166 million.<sup>11</sup>

It is estimated that in 1991 \$1.4 billion was spent on OTC medications<sup>12</sup> which, when added to the \$2 billion spent on prescription drugs,<sup>13</sup> totals a staggering \$3.4 billion.

### Drugs In The Food We Eat

Apart from the vast number of drugs taken directly, people are also unknowingly consuming large amounts of drugs and other chemical substances indirectly from the food they eat. Most food industries rely on chemical substances from soil to supermarket and the animal products industries are by far the most excessive

users of these substances.<sup>14</sup> The avalanche of drug and chemical usage by these industries occurred with the shift in production methods from free-range farming to factory and feedlot farming in the last 20 to 30 years.<sup>15</sup>

Over 15 years ago, there were more than 1,000 drug products and as many chemicals in use by the livestock and poultry producers in the United States.<sup>16</sup> Also, more than 40 per cent of the antibiotics and other antibacterials produced every year in the US were used as animal feed additives and for other animal purposes. Almost 100 per cent of poultry, 90 per cent of pigs and veal calves, and 60 per cent of cattle have regular amounts of antibacterials added to their feed.<sup>17</sup> Seventy-five per cent of hogs have their feed supplemented with sulphur drugs<sup>18</sup> and almost 70 per cent of US beef is from cattle fed on hormones to promote growth.<sup>19</sup>

The amount of drugs and chemical substances used on farm animals in the industrialised nations is enormous.

### The Consequences

As could be expected, one result of the vast over-consumption of drugs is the astronomical profits generated by the drug industry. Since the beginning of the sixties, drug industry profits (as a percentage of sales and company net worth) have surpassed all other manufacturing industries listed on the Stock Exchange.<sup>20</sup>

Another result is the inevitable deterioration of public health. According to the Food and Drug Administration (FDA), 1.5 million Americans were hospitalised in 1978 as a consequence of taking drugs and some 30 per cent of all hospitalised people are further damaged by their treatments. Every year, an estimated 140,000 Americans are killed because of drug-taking<sup>21</sup> and one in seven hospital beds is taken up by patients suffering from adverse drug reactions.<sup>22</sup>

A report by the General Accounting Office in the United States revealed that 51.5 per cent of all drugs introduced between 1976 and 1985 had to be relabelled because of serious adverse reactions found after the marketing of these drugs. These included heart, liver and kidney failure, foetal toxicity and birth defects, severe blood disorders, respiratory arrest, seizures and blindness. The changes to the labelling either restricted a drug's use or added major warnings.<sup>23</sup>

### How Common Are Drug Adverse Reactions?

According to the Adverse Drug Reactions Advisory Committee (ADRAC), the official federal government body responsible for monitoring the safety of drugs already in use: "There is a dearth [scarcity] of published information on the medical and economic importance of adverse drug reactions in Australia."<sup>24</sup> However, a recent study (1991), cited by the National Health Strategy report on drug use, claims that in 1987-88 there were between 30,000 and 40,000 hospital admissions in Australia because of drug-taking and also that adverse drug reactions (ADRs) would have been a major factor for between 700 to 900 deaths a year.<sup>25</sup>

There are some who are highly critical of the official estimation of the extent of drug reactions within communities. Dr Julian Gold, head of the National Health Surveillance Unit of the Commonwealth Institute of Health, whose job as a medical epidemiologist is to collate information on the total health environment, estimates that up to 40 per cent of all patients in Australia may actually be victims of doctor-induced (iatrogenic) illnesses.<sup>26</sup> A 40 per cent figure has also been estimated for the United Kingdom.<sup>27</sup> Generally, of this amount half are from drug reactions.<sup>28</sup>

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## Under-Reporting of Drug Reactions

Many drug reactions go unnoticed. In *Controversies in Therapeutics* (1980), Dr Leighton Cluff comments:

"National Health statistics do not reflect the magnitude of the problem of drug-induced diseases. A death certificate may indicate that a person died of renal failure, but it may not state that the disease was caused by a drug."<sup>29</sup>

According to a US Senate Select Committee, hundreds of victims of the drug chloramphenicol died undiagnosed in the United States.<sup>30</sup>

Dr Leighton Cluff further states: "Physicians are currently not required to report observed cases of drug-induced diseases to a centralized registry."<sup>31</sup>

In Australia, the reporting by doctors of adverse reactions is voluntary. Postage-paid forms are provided to doctors who are asked to report adverse reactions to ADRAC. Due to complacency, ignorance, and perhaps guilt that their prescribed treatment has caused harm, most doctors fail to fill in these forms.

Even when doctors are willing to report ADRs, there are significant problems that add to the under-reporting of drug reactions. ADRs can sometimes be difficult to identify and Dr Judith Jones, Director of the Division of Drug Experience at the FDA in the United States, has listed three factors that inhibit detection:

1. Difficulty in distinguishing the reaction from underlying diseases, or negative placebo effects.
2. Many ADRs have a silent nature and if not specifically looked for, they may not be found. For example, kidney and liver damage.
3. In multi-drug regimes it is difficult to identify the particular drug which is causing the suspected reaction.<sup>32</sup>

Only 5 to 10 per cent of actual cases are believed to be reported to ADRAC.<sup>33</sup> In the United Kingdom, which has a similar reporting system to ours, only 1 to 10 per cent of cases are revealed.<sup>34</sup> The inadequacy of the reporting system in the UK was demonstrated by the fact that only about a dozen of the 3,500 deaths, later linked with isoprenaline aerosol inhalers during the 1960's, were actually reported by doctors at the time.<sup>35</sup>

Because most adverse reactions to drugs go unreported, the official estimates must be only the tip of the iceberg.

## Who Is To Blame For Drug Damages?

Not only do health officials grossly underestimate the extent of drug reactions, they also try to convince the unwary public that drug-related illnesses are largely due to inappropriate drug usage. Officials try to place the onus on consumers and prescribing doctors, and reassure the public that problems rarely occur if drugs are used as prescribed. To protect the drug industry from blame, officials purposely ignore the fact that most drugs are harmful; even if used 'appropriately'.

## Epidemic Iatrogenesis

On doctor or hospital induced illnesses, a once active member of the Doctors' Reform Society and author of the book *Medicine Out of Control* (1979), Dr Richard Taylor, writes:

"In fact, because of the increasing complexity of medical technology and the increase in the variety of chemicals available for treatment, iatrogenic disease is on the increase..."

Unfortunately iatrogenic diseases may be self-perpetuating. Many iatrogenic complications require specific treatment, thus exposing the patient to the possibility of yet

another iatrogenic disease. A patient may even experience an iatrogenic complication from a diagnostic test which was required to diagnose the initial iatrogenic disease. The situation in which an iatrogenic disease provokes a second iatrogenic complication could be termed second level iatrogenesis. In a hospital setting these situations are not uncommon. It is even possible for third and fourth level iatrogenesis to occur.<sup>36</sup>

Dr Beaty and Dr Petersdorf write in the *Annals of Internal Medicine* (1966):

"...it should be pointed out that iatrogenic problems are cumulative, and in an effort to extricate himself from complications of diagnosis and therapy, the physician may compound the problem by having to employ manoeuvres that are in themselves risky."<sup>37</sup>

Dr Taylor further explains:

"Every drug administered, every diagnostic test performed, every operative procedure entered into, carries with it the risk of iatrogenic complications. The more medication, tests and operations a patient experiences, the more likely he or she is to develop an iatrogenic disease. Because of the present fragmentation of medical care with each sub-specialist looking after his own particular organ system, the total risk to which the patient is exposed is often forgotten."<sup>38</sup>

Taylor, Beaty and Petersdorf are not alone in their criticisms of allopathic medicine, also known as 'modern medicine'. More and more physicians and other medical professionals are becoming increasingly disillusioned with their own profession. Allopathic medicine has become more of a band-aid treatment. In their attempts to 'patch-up' symptoms of illnesses, doctors are known to use poisonous chemical-based drugs, radical surgical operations and dangerous radiation, which often cause more harm than the original problem.

Apart from introducing more illnesses, allopathic 'treatments' mask symptoms of the underlying causes of the illness, which inevitably make it more difficult to detect and treat, and thereby causing it to become more chronic.

Allopathic medicine can be useful and sometimes life-saving for emergency situations (for example, car accidents), yet its harmfulness and ineffectiveness cannot be over-stated.

A prominent critic of allopathic medicine has been the late Dr Robert Mendelsohn, who exposed much corruption in American medicine. Dr Mendelsohn published the following best-selling books: *Confessions of a Medical Heretic*<sup>39</sup> (1980), *Mal(e) Practice: How Doctors Manipulate Women*<sup>40</sup> (1982), and *How to Raise a Healthy Child In Spite of Your Doctor*<sup>41</sup> (1987). These books are highly recommended.

In *Limits to Medicine*, Ivan Illich warns:

"The pain, dysfunction, disability, and anguish resulting from technical medical intervention now rival the morbidity due to traffic and industrial accidents and even war-related activities, and make the impact of medicine one of the most rapidly spreading epidemics of our time."<sup>42</sup>

## Doctors Strike: Death Rate Drops

With the above in mind, it is not surprising that during a one month physicians' strike in Israel in 1973, the national death rate reached the lowest ever. According to statistics by the Jerusalem Burial Society, the number of funerals dropped by almost half.<sup>43</sup>

Identical circumstances occurred in 1976 in Bogota, the capital city of Columbia where, there, the doctors went on strike for 52

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days and, as pointed out by the *National Catholic Reporter*, during that time the death rate fell by 35 per cent. This was confirmed by the National Morticians' Association of Columbia.<sup>44</sup>

Again in California a few years later, and in the United Kingdom in 1978, identical events have occurred.<sup>45</sup>

### The Small Role of Medicine in Mortality

It is important to understand that the vast majority of people are born healthy and, if not tampered with, are 'equipped' to remain healthy throughout life. We seldom require intervention with illnesses because the body, as well as the mind, is usually able to defend and heal itself against disease and injury. Only infrequently do we require assistance.

Medical intervention is the least important of the four factors that determine the state of health. The Center For Disease Control analysed data on the ten leading causes of death in the United States, and determined that lifestyle was by far the most important factor (51%), followed by environment (20%), biologic inheritance (19%), and lastly medical intervention (10%).<sup>46</sup>

According to a classic analysis by Professor Thomas McKeown of Birmingham University, medicine played a very small role in extending the average lifespan in Britain over the past few centuries, the major benefit to people having been improvements in nutrition and public sanitation.<sup>47,48</sup>

Researchers, John McKinlay and Sonja McKinlay came to similar conclusions. They showed that medical intervention only accounted for between 1 and 3.5 per cent of the increase in the average lifespan in the United States since 1900.<sup>49</sup>

The above statistics prove that health depends primarily on prevention, through hygiene and proper nutrition.

In the few instances, when therapy of any sort is warranted, it must deal with the whole person (the holistic approach), treating the actual cause rather than attempting to isolate and suppress symptoms. Allopathic medicine fails in comparison to the holistic approach, and in many instances damages the patient even more than the illness it intends to treat.

Natural medicines and therapies, such as herbalism, homoeopathy, naturopathy, osteopathy and acupuncture, to name a few, work on the holistic approach, and are generally far superior in safety and efficacy than allopathic 'treatments'.

### Drug Companies Bribing Doctors

A major reason why health care is in such a shambles is that the medical establishment has allowed itself to be bought off by the pharmaceutical industry, whose prime motive is profit. In the book *Dissent in Medicine - Nine Doctors Speak Out* (1985), Dr Alan Levin writes:

"Health care in the United States has become a mega-billion-dollar business. It is responsible for over 12 per cent of the gross national product. Revenues from the health industry, which currently exceed \$360 billion a year, are second only to those of the defense industry. True profits are much higher. [In 1991 the US had spent \$750 billion on health care. It has been estimated that by the year 2000, annual health care costs in the US will have increased to at least 1.5 trillion dollars.<sup>50</sup>] It is not difficult, then, to see why this industry is so appealing to corporate investors. Many industrialists determined to profit from health-care products have encountered one major obstacle: practising physicians remain the primary distributors of health care products. Physicians, who have traditionally existed as independent entrepreneurs, do not fit easily into

the corporate mind-set. If corporations did not have control over their distributors (the physicians) they would not be able to guarantee profits to their stockholders... Thus, we need not wonder why senior executives of major health-care oriented corporations have decided to woo physicians into their camps."

Pharmaceutical companies have curried the favor of practising physicians for many years... As the cost of development and marketing of pharmaceuticals increased [during the 1960s], the drug companies efforts to attract the allegiance of practicing physicians intensified.

Not only did drug company operation costs increase markedly, but the rewards of the marketplace rose tremendously.... The increase in revenues brought competition which led to a nationwide increase in drug advertising.

Advertisements in medical journals and public magazines were popularized by carefully controlled news releases associated with 'medical breakthroughs'.

These advertising efforts, which began with gifts to practising doctors and medical students, have become a massive campaign to mold the attitudes, thoughts, and policies of practising physicians. Drug companies hire detail men to visit physicians' offices and to distribute drug samples. They describe the indications for these drugs and attempt to per-

suade physicians to use their products. Like any other salesman, they denigrate the products of their competitors while glossing over the shortcomings of their own. Detail men have no formal medical or pharmacological training and are not regulated by any state or federal agencies. Despite their lack of training, these salesmen have been very effective. Their sales campaigns have been so successful within the United States that the average physician today has virtually been trained by the drug detail man. This practice has led to widespread overuse of drugs by both physicians in their everyday practice and the lay public...

**With the exception of heroin and cocaine, 85 percent of all drugs currently abused in the streets are manufactured by 'ethical' drug companies... Gross sales forecasts from these 'ethical' drug companies deliberately include profits made from illicit sales to drug peddlers.**

The drug industry woos young medical students by offering them gifts, free trips to 'conferences', and free 'educational material'. [Emphasis added.]<sup>51</sup>

A double page article titled "\$200m 'bribe' to lure our doctors", appearing in *The Sun Herald* (18 August, 1992), reported that:

"Drug companies spend a massive \$200 million every year in Australia on marketing their products... That represents almost \$10,000 a year spent attempting to woo each of Australia's 21,000 'actively prescribing' GPs, according to Dr Ken Harvey from La Trobe University."

The article cited Theo van Lieshout, secretary of the NSW Doctors' Reform Society, as saying that 50 per cent of drugs on the market did not exist 10 years ago - and doctors had not learned about them in medical school. Busy physicians therefore rely mainly on drug company sales staff to tell them about new medications.

As reported in *The Bulletin* (24 March, 1991), Dr Ken Harvey stated: "The students concede concern. The problem is, after five years out in practice, with six drug reps a week coming in, they have gone away from prescribing sensibly and by scientific name to prescribing the brand promoted by the last rep who walked in."<sup>52</sup>

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## University Scientists - The Willing Pawns

Drug companies employ many means in bribing doctors and medical institutions. Dr Levin writes:

"Young physicians are offered research grants by drug companies. Medical schools are given large sums of money for clinical trials and basic pharmaceutical research. Drug companies regularly host lavish dinner and cocktail parties for groups of physicians. They provide funding for the establishment of hospital buildings, medical school buildings, and 'independent' research institutes.

The pharmaceutical industry has purposefully moved to develop an enormous amount of influence within medical teaching institutions. This move was greatly facilitated by several factors. The first was the economic recession, which caused a marked constriction in federal funding for research programmes. Academic scientists lacked funding for pet research projects. The second was the tremendous interest that academic scientists held in biotechnology, the stock market, and the possibility of becoming millionaires overnight. The third is the fact that academic physicians tend to lack real clinical experience. In the university, the physician is an expert in esoteric disease, end-stage disease, and animal models of human disease. He or she has little or no experience with the day-to-day needs of the chronically ill patient or the patient with very early symptoms of serious illness. As the academic physician does not depend upon the goodwill of the patient for his or her livelihood, the patient's well-being becomes of minor consideration to him or her. All these factors make the academic physician a very poor judge of treatment efficacy and a willing pawn of health industrialists.

Pharmaceutical companies, by enlisting the aid of influential academic physicians, have gained control of the practice of medicine in the United States. They now set the standards of practice by hiring investigators to perform studies which establish the efficacy of their products or impugn that of their competitors.

Practising physicians are intimidated into using treatment regimes which they know do not work. One glaring example is cancer chemotherapy.

Your family doctor is no longer free to choose the treatment modality he or she feels is best for you, but must follow the dictates established by physicians whose motives and alliances are such that their decisions may not be in your best interests." [Emphasis added.]<sup>53</sup>

Dr Alan Lewis is an Adjunct Associate Professor of Immunology and Dermatology at the University of California. He is a Fellow of the American College of Emergency Physicians, the College of American Pathologists, and the American Society of Clinical Pathologists. Dr Lewis is also a recipient of fellowships and awards from Harvard Medical School and other medical institutions, and was director of various research laboratories.

Ivan Illich echoes Lewis' last comment: "The medical establishment has become a major threat to health. The disabling impact of professional control over medicine has reached the proportions of an epidemic."<sup>54</sup>

## The Drug Story

How the pharmaceutical industry took control of the hospitals, universities, research and other institutions in the early part of this

century is amply demonstrated by world-famous medical historian and author, Hans Ruesch, in his devastating exposé: *Naked Empress or The Great Medical Fraud*<sup>55</sup> (1992). The book is an absolute must to read. *Naked Empress* exposes massive corruption and fraud in medicine, science, industries, governments, media, and various organisations. The importance of this book cannot be overstated.

In *Naked Empress*, Ruesch cited another important exposé titled *The Drug Story*<sup>56</sup> (1949), by American investigative reporter, Morris A. Bealle. According to Bealle: "America's largest and most ruthless industrial combine, the Rockefeller Empire" (which was built on Standard Oil Company) in the early part of this century became interested in the drug trade after making breath-taking profits from palming off bottled petroleum called Nujol as a supposed cure for cancer and later constipation.

In 1939 the Drug Trust was formed by an alliance of the world's two greatest cartels in world history - the Rockefeller Empire and the German chemical company, I.G. Farbenindustrie (I.G. Farben). Drug profits from that time onwards curved upwards into gigantic proportions and by 1948 it became a 10-billion-dollar-a-year industry.<sup>57</sup>

I.G. Farben's unsavoury past is highlighted by the fact that during the Second World War it built and operated a massive chemical plant at Auschwitz using slave labour.

Approximately 300,000 concentration-camp workers passed through I.G. Farben's facilities at Auschwitz and at least 25,000 of them were worked to death.<sup>58</sup> Also, others were brutally killed in I.G. Farben's drug testing programs.<sup>59</sup> Twelve of I.G. Farben's top executives were sentenced to terms of imprisonment for slavery and mistreatment offences at the Nuremberg war crime trials.<sup>60</sup>

Hoechst and Bayer, the largest and third largest companies in world pharmaceutical sales respectively, are descended from I.G. Farben. In September 1955, Hoechst appointed Friedrich Jaehne, a convicted war criminal from the Nuremberg trials, as chairman of its supervisory board. Also, a year later, Bayer appointed Fitz ter Meer, another convicted war criminal, as chairman of its board.<sup>61</sup>

On the Rockefellers' moves towards 'influencing' medical colleges and public agencies in the United States, Bealle writes:

"The last annual report of the Rockefeller Foundation itemizes the gifts it has made to colleges and public agencies in the past 44 years [from 1948], and they total somewhat over half a billion dollars. These colleges, of course, teach their students all the drug lore the Rockefeller pharmaceutical houses want taught. Otherwise there would be no more gifts, just as there are no gifts to any of the 30 odd drugless colleges in the United States."<sup>62</sup>

The Rockefellers did not restrict their 'educational' activities to the US alone. In 1927 they formed the International Education Board which 'donated' millions of dollars to foreign universities and politicians, with all the usual strings attached.<sup>63</sup>

As these huge amounts of money were being 'donated' to drug-propagandising colleges, the Rockefeller interests were expanding worldwide. It was large enough 40 years ago for Bealle to state:

"It has long been demonstrated that the Rockefeller interests have created, built up and developed the most far reaching industrial empire ever conceived in the mind of man. Standard Oil is of course the foundation industry upon which all of the other industries have been built.

The keystone of this mammoth industrial empire is the Chase National Bank with 27 branches in New York City

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and 21 in foreign countries [now renamed the Chase Manhattan Bank with over 200 branches in the US and abroad]. Not the least of its holdings are in the drug business. The Rockefellers own the largest drug manufacturing combine in the world, and use all of their other interests to bring pressure to increase the sale of drugs.<sup>64</sup>

### The Not-So-Independent Media

Instrumental in Rockefellers' moves towards making the world drug-dependent is their enormous influence on the media. Commenting on this, Ruesch explains:

**"So the stage was set for the 'education' of the American public, with a view to turning them into a population of drug dependents with the early help of the schools, then with direct advertising and, last but not least, the influence the advertising revenues had on the media."**

A compilation of the magazine *Advertising Age* showed that as far back as 1948 the larger companies spent for newspapers, radio and magazine advertising the sum total of \$1,104,224,374, when the dollar was still worth a dollar. Of this staggering sum the interlocking Rockefeller-Morgan interests (gone over entirely to Rockefeller after Morgan's death) controlled about 80 per cent, and utilized it to manipulate public information on health and drug matters - then as now.

Anybody who tries to get into the mass media independent news, contrary to the interests of the Drug Trust, will sooner or later run into an unbreakable wall.

For big advertisers it is easy not only to plant into the media any news they wish to disseminate, but also to keep out the news they don't want to get around. A survey in 1978 by the *Columbia Journalism Review* failed to find a single comprehensive article about the dangers of smoking in the previous seven years in any major magazine accepting cigarette advertising.

Even the most independent newspapers are dependent on their press associations for their national news. And there is no reason for a news editor to suspect that a story coming over the wires of Associated Press, United Press International or the International News Services is censored when it concerns health matters.

Yet this is what happens constantly. [Emphasis added.]<sup>65</sup>

Ruesch showed how the above-mentioned international media were taken over by the Drug Trust and he further explains:

**"So this sews up the press associations of the Rockefeller Drug Trust, and accounts for the many fake stories of serums and medical cures and just-around-the-corner-breakthrough-to-cancer, which go out brazenly over its wires to all daily newspapers in America and abroad..."**

Thus newspapers continue to be fed constantly with propaganda about drugs and their alleged value, although 1.5 million people landed in hospitals in 1978 because of medication side-effects in the US alone, and despite recurrent statements by intelligent and courageous medical men that most pharmaceutical items on sale are useless and/or harmful.<sup>66</sup>

Among the many publications owned by the Rockefeller Drug Trust, are: *Fortune*, *Life*, *Time*, *Readers Digest* and *Newsweek* magazines, and the *Encyclopaedia Britannica*. These publications are constantly pushing drugs.

### Food and Drug Administration - Serving Who?

Leaving no stone unturned, Ruesch shows how the Drug Trust, in securing their drug interests, planted stooges into senior positions of colleges, universities, and government bodies. About the Food and Drug Administration, Ruesch charges:

"When a good law was enacted many years ago for protecting the American public from spoiled food and poisonous drugs, the Drug Trust lost little time to get its hooks into the government bureau that was charged with enforcing the law.<sup>67</sup>

Ruesch cited Morris Bealle who wrote that the FDA "is used primarily for the perversion of justice by cracking down on all who endanger the profits of the Drug Trust."<sup>68</sup> Ruesch further states:

"Apparently, the FDA doesn't only wink at the violations of the Drug Trust whose servant it is (such as the mass deaths in the ginger jake and sulfathiazole cases), but it is particularly assiduous in putting out of business all competitors of the Drug Trust, like the vendors of natural therapeutic devices that improve the health of the public and thus decrease the profits of the Drug Trust..."

And the situation is practically identical in all the other industrialized countries, notably Great Britain, France and West Germany.<sup>69</sup>

### The Undeclared War on Natural Medicine

The *Civil Abolitionist* carried an article rightly titled "FDA: The American Gestapo Prosecutor or Persecutor?", which reported that on May 6, 1992, the clinic of Jonathan Wright MD, a highly regarded nutri-

tion specialist, was assailed by 22 armed men because the doctor had been treating his patients with safe natural substances that didn't meet the FDA's approval. During the SWAT type attack the front door was kicked open, guns were pointed directly at staff and the shocked patients were herded into a room. Also patient records, equipment, business records and vitamin supplies were confiscated. At the time of the article, the FDA has not as yet filed charges against Dr Wright.<sup>70</sup>

During last year, similar actions have taken place against three manufacturers of vitamin supplements (Allergy Research, Thorne Research and Highland Laboratories).<sup>71</sup>

In Australia, a repeal of Schedule 1, Exemptions of the Therapeutic Goods Act, scheduled for January 1994, would minimize access to natural therapy remedies by natural therapists and would threaten the existence of the natural therapy profession and manufacturers of natural therapy remedies.<sup>72</sup>

### Corrupt FDA Officials

In their August-September 1992 issue, *NEXUS Magazine* reported that it is a matter of public record that the FDA indulges in the following practices:

\* Many of the so-called 'research grants' that the FDA receives are 'donated' by the very drug companies they were supposed to be regulating.

\* Mid- and upper-level FDA officials enjoy 'revolving door' status when they leave the FDA, wherein they go to cushy, well-paying jobs in those very same drug companies they were supposed to have been regulating.

\* Currently, 150 top FDA officials hold significant amounts of stock in the pharmaceutical companies they were supposed to be regulating.<sup>74</sup>

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**"... 1.5 million people landed in hospitals in 1978 because of medication side-effects in the US alone ..."**

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### American 'Murder' Association

The AMA, once openly declared by Dr Richard Kunnes at an AMA convention that it shouldn't be the acronym for American Medical Association but for American 'Murder' Association, is, according to Morris Bealle, the front for the Drug Trust.<sup>75</sup> When the FDA has to put an independent operator out of business, they get the AMA to furnish quack doctors to testify that while often knowing nothing about the product involved, it is their considered opinion that it has no therapeutic value.

Bealle cited an example in which the AMA furnished ten medicos to testify in court that "vitamins are not necessary to the human body", in order to close down an independent distributor of natural vitamins.<sup>76</sup>

J.W. Hodge, MD, of Niagara Falls, New York, writes about the AMA:

"The medical monopoly or medical trust, euphemistically called the American Medical Association, is not merely the meanest monopoly ever organized, but the most arrogant, dangerous and despotic organization which ever managed a free people in this or any other age. Any and all

methods of healing the sick by means of safe, simple and natural remedies are sure to be assailed and denounced by the arrogant leaders of the AMA doctors' trust as ifakes, frauds and humbugs.<sup>77</sup> Every practitioner of the healing art who does not ally himself with the medical trust is denounced as a "dangerous quack" and impostor by the predatory trust doctors. Every sanitarian who attempts to restore the sick to a state of health by natural means without resort to the knife or poisonous drugs, disease imparting serums, deadly toxins or vaccines, is at once pounced upon by these medical tyrants and fanatics, bitterly denounced, vilified and persecuted to the fullest extent."<sup>77</sup>

It comes as no surprise that the Australian counterpart, the Australian Medical Association, in conjunction with the Royal College of General Practitioners, as reported in *The Australian* (July 21, 1992) are pushing for legislation that would cause medical doctors using natural therapies to lose Medicare status. This would mean that their patients would not be able to have bills rebated by Medicare.<sup>78</sup>

### The Masters of Government

If to you it seems inconceivable that governments have allowed a ruthless industry to dictate health matters, consider what Woodrow Wilson stated during his first presidential campaign in 1912:

"The masters of the government of the United States are the combined capitalists and manufacturers of the United States. It is written over every intimate page of the record of Congress, it is written all through the history of conferences at the White House, that the suggestions of economic policy in this country have come from one source, not from many sources. The benevolent guardians, the kind-hearted trustees who have taken the troubles of government off our hands have become so conspicuous that almost anybody can write out a list of them... The big bankers, the big manufacturers, the big masters of commerce, the heads of railroad corporations... The government of the United States at present is a foster child of the special interests."<sup>79</sup>

Writes Ruesch:

"Woodrow Wilson's words have remained as true today as they were when he pronounced them from his



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campaign train. The American Presidents, unless they want to end up like John Kennedy, do not rule their country anymore than the official governments of the other so-called democracies, for the big boys in industry and finance have long since taken over that task.<sup>100</sup>

Morris H. Rubin, editor and publisher of *The Progressive*, writes in an article in January 1977:

"Corporate power has become the dominant force in our society... All attempts to check the mounting power of the corporate giants have failed. Consider the two most important instruments forged by the progressive forces of the country in their crusade to curb the march of monopoly: the regulatory system and the antitrust program...

The regulatory system lies in shambles, and the corporations which were intended to be regulated in the public interest now dominate these regulatory agencies. The betrayal of the public trust is virtually complete... The antitrust laws are virtually dead letters. It is clear from recent disclosures that the Antitrust Division of the Justice Department is almost immobilized

because of deals made over its head and behind its back in the White House and other corridors of power...<sup>101</sup>

"The oil lobby, perhaps the most powerful lobby on earth, is almost matched by hospital owners and doctors." - President Carter, 1979.<sup>102</sup>

Incidentally, in 1980, Exxon became America's largest corporation. Exxon is the new name for the old Rockefeller Standard Oil Trust.

For a further insight on how the cartels have turned democracies into private oligarchies, the books *Naked Empress* by Hans Ruesch, and *None Dare Call It Conspiracy*<sup>103</sup> (1971) by investigative journalist Gary Allen, are highly recommended.

### Australia's Health System Under Threat From US Corporations

Because the Australian Government can no longer afford to fund our ailing public health care system, privatisation is inevitable. A major concern is that the ruthless US corporations will be the principal buyers. An article appearing in *The Daily Telegraph Mirror* (1 October, 1992), titled "US Giants Threat To Hospitals", reports:

"Huge American corporations soon will control Australia's public hospitals

forcing health care costs to double, a leading health expert claims.

Dr Ron Williams says the public health care system is facing a bleak future because governments can no longer afford to fund it.

And as they are forced to sell off hospitals to private interests, American corporations will step in and take over, leaving ordinary Australians unable to afford skyrocketing health care costs.

"I see little but doom and gloom," says Dr Williams, who has spent 11 years researching the Australian and American health care systems.

"I wish I could say that if we all pulled together we could avert the coming brutality... but today's reality is that for the health industry, compassion will give way at an increasing rate to profit....

"As public hospitals are sold to privates, and as nursing homes join national chains, as nurses move out of government employment on to contract, as individual doctors lose ever more control over their practices no government will say that the processes it is promoting might lead to disaster." [Emphasis added.]

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